PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents APR 2 4 2006 P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: This form should caused for partiting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence in the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee potitions. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 01/20/2006 21906 7590 Certificate of Mailing or Transmission TROP PRUNER & HU, PC I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 8554 KATY FREEWAY SUITE 100 HOUSTON, TX 77024 (Depositor's name) Jennifer Juarez 04/25/2006 WABDELR3 00000029 09973621 hre (Signature 1400.00 OP 300.00 DP (Date) 02 FC:1504 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO FILING DATE 62.62 Dominik J. Schmidt 09/973,621 10/09/2001 TITLE OF INVENTION: ON CHIP CAPACITOR PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE ISSUE FEE APPLN. TYPE SMALL ENTITY 04/20/2006 \$1000 \$700 \$300 YES nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** 361-306300 2831 DINKINS, ANTHONY Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) Mathematical The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Advance Order - # of Copies (enclose an extra copy of this form). Deposit Account Number 20-1504 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date Authorized Signature 42,117 Mark J. Rozman Registration No. Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)							Docket No. IVT.0023US		
Applicant(s): Dominik J. Schmidt APR 2 4 2006									
	plication No. 09/973,621	Filing Date October 9, 2007	Examine Anthony Di		s	Customer No. 21906	Group Art Unit 2831	Confirmation No. 6262	
Invention: On Chip Capacitor									
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450									
Transmitted herewith are the following for the above-identified application. □ Issue Fee Transmittal Form PTOL-85 □ Utility Fee: \$1400.00 □ Design Fee: □ Plant Fee: □ Publication Fee: \$300.00 □ A check in the amount of \$1,700.00 is attached. □ The Director is hereby authorized to charge and credit Deposit Account No. 20-1504									
as described below. Charge the amount of Credit any overpayment. Charge any additional fee required.									
Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
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